Developing Trauma-Informed Services and Continuous Quality Improvement Processes for Juvenile Justice

Presented by:

Arabella Perez, LCSW  
Executive Director  
YWCA Alaska

Dellan Williamson  
Regional Corrections Administrator  
State DOC

Sarah Goan, MPP  
Project Manager  
Hornby Zeller Associates, Inc.

Introductions

Today’s Objectives

• Understand trauma-informed theory, principles, and practices
• Discuss how to engage your community juvenile justice partners, families, and youth in assessment and continuous quality improvement.
• Learn how to implement a trauma-informed assessment: challenges and solutions.
• Identify steps on marketing the assessment to families and youth, including non-English speaking families.
• Learn how to create a continuous quality improvement plan based on assessment data.

Understanding Trauma-informed Theory, Principles and Practice

So You Think You Can Spot Trauma?

What is Trauma?
Brainstorming

• What is Trauma?
• When you think about trauma what comes to mind?
  - What feelings are associated with trauma?
  - What behaviors are associated with trauma?
  - What are some traumatic events?

Exposure to Trauma

It is an individual’s experience of the event, not necessarily the event itself, that is traumatizing.

What is Trauma?

• Individual Trauma
• Community Trauma
• Acute versus Chronic Trauma
• Complex Trauma
• Stigma Trauma
• System Induced Trauma
• Neglect

There was a child that went forth everyday; and all that he looked upon became part of him.

Walt Whitman

Prevalence of Trauma

What are the Facts?

• Data Activity
Adverse Childhood Experiences

Vincent Felitti, MD

1. Recurrent emotional abuse
2. Recurrent physical abuse
3. Sexual abuse
4. Witnessed domestic violence
5. Parental alcohol or drug abuse
6. Household mental illness
7. Parent separated/divorced
8. Incarcerated household member
9. Emotional neglect
10. Physical neglect

Youth Development and Trauma

How Children Respond to Trauma

- Varies depending on:
  - Age
  - How the child perceived or understood the danger
  - History of past trauma
  - What happens after the traumatic response
  - Culture
  - Availability of caring adults to offer reassurance
**Developmental Stage: Adolescents**

- Feel that they are weak, strange, childish, or “going crazy”
- Embarrassed by their bouts of fear or exaggerated physical responses
- Feel that they are unique and alone in their pain and suffering
- Anxiety and depression
- Intense anger
- Low self-esteem and helplessness
- Aggressive or disruptive behavior

*These trauma reactions may in turn lead to:*

- Sleep disturbances masked by late-night studying, television watching, or partying
- Drug and alcohol use as a coping mechanism to deal with stress
- Self-harm (e.g., cutting)
- Over- or under-estimation of danger
- Expectations of maltreatment or abandonment
- Difficulties with trust
- Increased risk of re-victimization, especially if the adolescent has lived with chronic or complex trauma

**Long Term Trauma Can…..**

- Interfere with healthy development and affect a youth’s:
  - Ability to trust others
  - Sense of personal safety
  - Ability to manage emotions
  - Ability to navigate and adjust to life’s changes
  - Physical and emotional responses to stress

**What We Know**

- Young people need….
  - Safety and Basic Needs
  - Skills, knowledge, and values
  - Connectedness
  - Engagement
- Social factors that impact a youth’s well being and healthy development
  - Trauma
  - Health threats
  - Poverty
  - Disrupted family relationships

**Trauma-informed Theory**

Instead of asking “what is wrong with you?” a trauma-informed approach asks “what has happened to you?”

Roger Fallot and Maxine Harris, *Using Trauma Theory to Design Service Systems*

Universal precautionary approach…..
“It’s about the right to have a present and a future that are not completely dominated and dictated by the past.”

Kara fazellite

Trauma-informed Organization

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings. (Fallot and Harris)

Key Trauma-informed Principles

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
6. Language Access and Cultural Competence

Index Card Activity

Write one of the principles on each index card

Safety

• Because trauma inherently involves a physical or emotional threat to one’s sense of self, families and youth are often especially attuned to signals of possible danger.
• It is essential then, that service organizations prioritize safety as a guiding principle in order to become more hospitable for trauma survivors and to avoid inadvertently re-traumatizing people who come for services.
• This holds true for staff as well.

Trustworthiness

• Survivors of trauma report a violation of boundaries resulting in a justified inability to trust others; especially those in power and authority.
• A trustworthy organization is one that demonstrates appropriate boundaries, task clarity, clear and consistent policies and reasonable expectations for providers, families, and youth.
• The trauma-informed organization recognizes how trust has been violated and seeks to earn trust.
Choice

• Maximizing family and youth choice and mutuality.
• Allows family and youth to choose where, how and when they will receive services. They also have an active voice in selecting a provider and determining treatment.

Collaboration

• Policies, practices and relationships that encourage empowerment, partnership, and participation, as well as strength based and community-based approaches.
• Having the ability to share power and value both perspectives:
  ➢ Collaboration with family and youth allows for very specific insight. Only they know their responses, their needs and history better than anyone else does.

Empowerment

• It is the state of feeling self-empowered to take control of one’s own destiny.
• To become aware that one’s experience can enhance service systems and promote change.
• Program opportunities to develop skills and enhance knowledge of the consumer.

Language Access & Cultural Competence

• Extent to which policies, procedures, staff, services and treatment are sensitive to family and youth:
  ➢ cultures
  ➢ traditions
  ➢ beliefs
• The agency’s policies and procedures acknowledge that behaviors and responses to trauma are influenced by culture.
• Ensure language access through:
  ➢ policy
  ➢ training
  ➢ reimbursement

The Continuum

Traditional vs. Trauma-informed

Your response is key.

Trigger + Primary Trauma Response = Negative Outcome

Trigger + Primary Trauma Response = Positive Outcome
It’s a Journey

Continuum

<table>
<thead>
<tr>
<th>Trauma Aware</th>
<th>Trauma Focused Services</th>
<th>Trauma Sensitive</th>
<th>Trauma Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/youth, individual</td>
<td>Preventive, broad-based, community-based</td>
<td>&quot;Trauma-informed&quot; at the system, or agency level</td>
<td>Organizational, System-specific, Cross-system, Cross-agency</td>
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</tbody>
</table>

Engaging Community Juvenile Justice Partners, Families and Youth

Maine Juvenile Community Corrections

Mission: To promote public safety by ensuring that juveniles under Department of Corrections’ jurisdiction are provided with risk-focused intervention, quality treatment, and other services that teach skills and competencies; strengthen prosocial behaviors to reduce the likelihood of re-offending and require accountability to victims and communities.

- Three regional offices with 45 Juvenile Community Corrections Officers (JCCOs), 6 regional managers, 3 regional administrators
  - JCCOs = correctional case managers for youth under the supervision of the Division regardless of their status with the legal system.

Why Be Trauma-informed: Juvenile Justice

- A large portion of youth involved with corrections have been exposed to trauma.
- Understanding trauma informs:
  - Policies and practices
  - Screening, assessment, case planning and the selection of appropriate interventions
  - Staff actions/reactions in specific interactions with youth and families
  - Management, supervision and response to staff experiences

Bringing Trauma-informed to Juvenile Justice

- Trauma-informed aligns with the mission for Juvenile Services
  - Clients under DOC supervision leave our system better than when they came into our system.
  - The three “Ds”: Detention, Diversion, Disposition

- Trauma-informed aligns with other on-going initiatives (JDAI, JJAG, RED, DMC)

Trauma-informed Juvenile Justice Services

- Ensure involved youth are screened, assessed and referred to effective services.
- Enhance the service array with Wraparound, Youth and Family Partners.
- Create an infrastructure within Juvenile Services for providing trauma-informed services.
  - Assess (and change) policies, practice and organizational culture
Engage Multiple Sectors in Assessment

- Convene a representative workgroup to review documents and make important decisions
  - State leadership
  - Management and line staff
  - Youth and family
  - Cultural brokers
  - Other?

Engaging Juvenile Justice Leadership

- Invite leadership to serve on work group and to be the “champions” for the work
- Ask about history, policies, procedures, rationale, mission, communication structure (learn the culture)
- Focus on changing procedures (how things are done), rather than changing policy (rules)
- Emphasize assessment as a way to document good work and monitor performance

Engaging Juvenile Justice Staff

- Engage field staff as “on the ground” experts and change agents
  - Work group, staff meetings or through group interviews
  - Again, ask about policy, procedures, communication structures (learn the culture)
- Advertise your collaboration with their colleagues (lends legitimacy to your efforts)
- Emphasize the goal to document success and praise achievements (increase morale)
  - Remember, the public usually only hears about the negative!

Engaging Families and Youth

- Invite youth and family representative to serve on work group
  - Provide clear context and support
  - Focus groups or interviews with youth and family
- Emphasize collaborative, strength-based focus (not punitive)
- Emphasize that assessment builds ongoing way to receive and utilize youth and family feedback
  - Value input by taking feedback seriously

Maine’s Lessons Learned

**Challenges**
- Past “initiatives” resulted in few major changes
- “Top down” approach
- Different perspectives from state/local levels
- Evaluatory/TA providers as “outsiders”

**Solutions**
- Listen to what key stakeholders have to say about what has worked (or has not)
- Talk with representatives at all levels/perspectives
- Learn about the culture in which you are operating

Find your “champions!”

Engaging Key Stakeholders: Summary

<table>
<thead>
<tr>
<th>Phase</th>
<th>Stakeholder Role</th>
<th>Ask Stakeholder Representatives to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Create framework and questions.</td>
<td>Select key stakeholders or teams,</td>
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<tr>
<td></td>
<td></td>
<td>make sure key components include their</td>
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<tr>
<td></td>
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<td>perspectives.</td>
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<tr>
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<td>draft definitions and questions that make</td>
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<td></td>
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<td>sense to them.</td>
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<tr>
<td>Review and Testing</td>
<td>Test and refine questions, methods and framework.</td>
<td>Solicit feedback from other staff, youth,</td>
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<td>family.</td>
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<td>Brainstorm ways to reach staff, family and</td>
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<td>youth.</td>
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<td></td>
<td></td>
<td>Pilot test final data collection instruments.</td>
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<td></td>
<td></td>
<td>Suggest changes.</td>
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<tr>
<td>Implementing</td>
<td>Ensure data collection is staff, family and youth friendly.</td>
<td>Provide technical assistance.</td>
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<tr>
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<td></td>
<td>Help staff, youth and families respond to the assessment.</td>
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<td>Review quarterly report on the number of responses.</td>
</tr>
<tr>
<td>Interpreting Results</td>
<td>Disseminate results.</td>
<td>Review final data results.</td>
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<td>Suggest reporting format.</td>
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<td>Make suggestions based on report.</td>
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The Role of Assessment

- Learn where trauma-informed services are being delivered well
- Pinpoint areas for improvement/change
- Identify training or technical assistance needs
- Establish standards and monitor improvements and/or maintenance over time

<table>
<thead>
<tr>
<th>Trauma Informed Principles</th>
<th>Defining Trauma-Informed</th>
<th>How to Assess Trauma-Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety: physical and emotional safety</td>
<td>To what extent do service delivery practices ensure the physical and emotional safety of families, youth and staff?</td>
<td>Physical and Emotional Safety</td>
</tr>
<tr>
<td>Collaboration: changing responsibilities</td>
<td>To what extent do current service delivery practices promote collaboration and share the responsibilities between providers, families and youth?</td>
<td>Youth and Family Empowerment</td>
</tr>
<tr>
<td>Citizen: family and youth voice involved in decision-making about care</td>
<td>To what extent do current service delivery practices promote youth and family experiences of choice and control?</td>
<td>Youth and Family Empowerment</td>
</tr>
<tr>
<td>Empowerment: strengthening family and youth skills</td>
<td>To what extent do current service delivery practices prioritize youth and family empowerment, recognize strengths and build skills?</td>
<td>Youth and Family Empowerment</td>
</tr>
<tr>
<td>Trustworthiness: clarity, consistency</td>
<td>To what extent do current service delivery practices make the task clear for families and youth? Ensure consistency in practice? Maintain boundaries, especially interpersonal ones, appropriate for the program?</td>
<td>Trustworthiness</td>
</tr>
<tr>
<td>Agency Support: resource allocation, training and staff support</td>
<td>To what extent does the agency support and promote trauma informed as part of its mission and culture?</td>
<td>Trauma Competence</td>
</tr>
<tr>
<td>Commitment to Trauma-Informed Practice</td>
<td>How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently and appropriately?</td>
<td>Trustworthiness</td>
</tr>
</tbody>
</table>

What this Looks Like in Juvenile Services

- Overarching concepts still apply
  - Language and processes change to reflect a different system
- Some major differences in regards to empowerment and choice
  - Conflicts with a system in which options are often limited
  - Family empowerment is traditionally difficult
  - Staff empowerment warrants more attention

What We Came Up With (So Far)

- Supplemented existing youth client satisfaction survey (collected annually)
  - New questions on emotional safety, trauma competency and trustworthiness.
- Added a new family survey
- Reformatted survey to appear more streamlined, despite more questions
- Determined assessment cycle (annual, mirrors facilities)
Still Under Development

• Staff survey in final development phase; slated for online pilot testing in October 2014
• Seven overarching domains
  ➢ Physical safety and climate
  ➢ Trustworthiness
  ➢ Youth and family empowerment
  ➢ Staff empowerment*
  ➢ Trauma competence
  ➢ Organizational commitment to trauma-informed
  ➢ Cultural populations and trauma

Collecting Youth and Family Assessments

• Distributed by staff through regular client satisfaction survey process
  ➢ All clients on active status longer than 3 months
  ➢ 30 day time period
• Youth and family invited to complete in person
  ➢ Survey sent in mail when in person was not possible
• Respondents had two ways to return surveys
  ➢ Drop box in lobby
  ➢ Stamped, addressed envelope to “Central” office

Maine’s Lessons Learned

Challenges
• Existing surveys already in place
• Lack of staff enthusiasm about assessment
• Reaching youth and families
• Consistency in understanding and administration approach

Solutions
• Adapt what is already being collected
• Ask field staff to review draft protocol/tool and give feedback (e.g., at staff meeting)
• Develop sample letters, in-person talking points
• Write out simple instructions

Sample Instructions

Maine’s Cultural Context

Marketing Assessment to Families and Youth
Q&A: Juvenile Community Corrections Officer

• How did you ask youth and families to participate?
• What kind of support did you provide?
• How was your approach with local cultural groups different from more “traditional” youth?
• What were the challenges? Successes? What would you change next time?
• What advice do you have for others who want to reach different cultural populations?

Group Discussion

• What does your community look like?
• How could you engage youth and family to participate in an assessment?
• How would you take into account different cultural considerations in your community?

Creating a Continuous Quality Improvement Process

Steps to Create a CQI Process and Plan

• Establish an oversight structure – who is responsible?
  ➢ Identify two-way communication pathways
  ➢ Use existing groups or meetings (if available)
• Create a cycle (timeline)
  
  *Keep it simple, stupid! (KISS)*

Oversight and Communication Pathways

The Basic CQI Cycle
Making a “Good” CQI Plan

Challenges
- Data are overwhelming
- Organizations don’t want to commit to major changes (change is scary)
- Plans are vague and unaccountable

Solutions
- Ask simple comparative questions
- Use change models, such as Plan Do Study Act
- Include who, what, why, when and how you know you have reached your goal

Example CQI Plan

What trauma-informed area do you want to change?
- About one quarter of youth and caregivers indicated they were not screened for trauma events.
- We do not use a formal screening tool.

Who will be responsible?
- Screening leads to care review, coordination, and staff who work with youth about trauma.
- Staff will develop an initial screening tool.
- Staff will need to be trained.
- Staff will need to be supported.

When do you need to accomplish these changes?
- Develop a review of current screening tools by 10/1.
- Feedback from staff by 12/1.
- Complete training by 2/28.
- New screening in use by 3/1.
- Check in with staff every 6 months.

A new screening tool is implemented in all regions.
- At least 85% of youth and families indicate they have been asked.

Crafting a CQI Plan

- Who, what, where, when, why, how?

Sample Results and Interpretation

My (child’s) JCCO asked me about any bad or upsetting events that may have happened to me (my child):
Sustaining the CQI Process

Challenges
- Lack of accountability to do the work
- No one “in charge” to drive changes
- Data are not available (vacuum effect)
- Interpretation and next steps are not clear

Solutions
- Agreements (contract language, MOUs, statute, etc.)
- Oversight body committed to positive change
- Local groups to implement changes and make suggestions
- Feed back results quickly
- Technical assistance and training

Final Thoughts and Discussion

What Have You Learned Today?
- What are the major things you learned today?
- How can you apply this learning to your work?
- What did you learn that can you share with your peers?
- What do you wish to learn more about?

Additional Resources
- National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)
- The National Center for Trauma-Informed Care: [http://mentalhealth.samhsa.gov/ctca/](http://mentalhealth.samhsa.gov/ctca/)
- National Center for Mental Health & Juvenile Justice: [www.nmhi.com](http://www.nmhi.com)
- National Institute for Trauma and Loss in Children: [www.vicinstitute.org](http://www.vicinstitute.org)
- Child Welfare League of America: [www.cwla.org](http://www.cwla.org)
- Technical Assistance Partnership for Child and Family Mental Health: [www.tapartnership.org](http://www.tapartnership.org)
- Traumatic Stress Institute-Klinberg Family Centers: [www.traumaticstressinstitute.org](http://www.traumaticstressinstitute.org)
- Training Center of the Jewish Board of Family and Children’s Services: [www.seliginstitute.org](http://www.seliginstitute.org)
- Joyfields Institute: [www.joyfields.org](http://www.joyfields.org)

For more information:

Arabella Perez
THRIVE Initiative
(207) 878-5020
aperze@thriveinitiative.org

Sarah Goan, MPP
Hornby Zeller Associates, Inc.
(207) 773-9529
sgoan@hornbyzeller.com